

WSARP
PROJECT REVIEW SHEET
HISTORIC & CULTURAL RESOURCES REVIEW

PROJECT NAME: _____

Applicant/Jurisdiction: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone/ FAX: _____

E-Mail: _____

County: _____

Requesting Agency:

Contact:

Enid Melendez

Organization

Address:

711 Capital Blvd.

PO Box 48319

City, State, Zip:

Olympia, Washington 98504-8319

Phone:

(360) 586-4131

PLEASE DESCRIBE THE TYPE OF WORK TO BE COMPLETED

(Be as detailed as possible to avoid having to provide additional information)

☐ **Provide a detailed description of the proposed project:**

☐ **Describe the existing project site conditions:**

☐

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Check if project is being constructed at or near a tribal lands.

Check if project is being constructed at or near a known religious or cultural significant area.

Check if project is being constructed at or near a large body of water.

Check if building(s) will be demolished and/or altered. If so please complete an OAHF Determination of Eligibility "EZ2" form for each building effected by the proposed project.

**PLEASE ATTACH A COPY OF THE RELEVANT PORTION OF A 7.5 SERIES
USGS QUAD MAP AND OUTLINE THE PROJECT INMACT AREA.**

(USGS Quad maps are available on-line at [http: www.topozone.com](http://www.topozone.com))

Project Location: **Township:**____ **Range:** ____ **Section:** ____
Address: **City:** **County:**

Place Map Here